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GRAEFE'S OPERATION AND STATISTICS VINDICATED. A REPLY TO DR. LORING.

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IN a recent number of the JOURNAL,* Dr. Loring, of New York, raises the question as to the correctness of the at present almost universal opinion that the modern operation for cataract, the peripheric linear method of Graefe, yields better results than the old flap extraction. "As far as statistics go," he says, "it is still a question as to whether the old flap, and not the new peripheric linear, does not give the best results."

Examining Graefe's own statistics, he states that out of 1500 cases of flap extraction, published in 1863, 80 per cent. of perfect success was obtained, and that vision of at least $\frac{1}{4}$ in patients under 75, $\frac{1}{6}$ in those over that age, was taken as the standard necessary for a good result. There was a total loss of 6 to 8 per cent. In a later paper, brought out in 1865, Graefe is said to have got 84 per cent. of perfect results, 11 per cent. of half successes, and a total loss of 5 per cent.; while in cases taken wholly from his private practice he obtained 91 per cent. of perfect results, 6 per cent. of half successes and only 3 per cent. of absolute loss. "91 per cent. of patients with vision $\frac{1}{4}$ and over, and only 3 per cent. of total loss, is a result which we venture to say has never been equalled by any other method."

It might be objected to this latter statement of Dr. Loring's that, as he cannot tell how many of these private patients were over 75 years of age, he has no right to conclude that 91 per cent. of them had vision $\frac{1}{4}$ and over. But, apart from this, it will be evident, I think, to any one who has access to the sources from which these figures were taken, and is conversant with the methods of testing vision in use previous to the one introduced by Snellen, that Dr. Loring is mistaken in the foregoing statements with reference to the general standard of vision taken by Graefe, who *did not* in 1863 publish the results of 1500 cases of flap extraction, but expressly states, in his classical lecture on a case thus operated on, that he has made a collection of 1500 cases, but reserves it for separate publication.* The passage that has misled Dr. Loring occurs five pages later, and is as follows:—

"According to my reckoning, of 100 cases of flap extraction 65 result favorably, by which I mean the giving an acuteness of vision of at least $\frac{1}{4}$; if more than 75 years of age, at least $\frac{1}{6}$."†

Snellen's plan of testing vision was first made public in 1862. Previous to that time the formula $V = \frac{d}{D}$, on which these practical statements are based, was not in use. Graefe himself used, when I was with him in 1860–61, a placard printed in different sizes of ordinary large type, similar to the numbers from 20 to 24 since published by Jaeger, and the Schrift-Scalen of that surgeon for the near. In selecting glasses for the far the former, for the near the latter was used. No allusion was then ever made at the Berlin clinique to the method of Snellen, and it is evident that the greater number of the 1500 cases, having occurred previous to 1862, had been tested in the then usual manner; and that Graefe's estimate of perfect vision as equal to $\frac{1}{4}$ or $\frac{1}{6}$ was based on a comparatively small number of cases, just after he had begun to use the new method.

The passage in the later paper, to which Dr. Loring refers as establishing the favorable statistics of flap extraction, is taken from Graefe's preface to an account of his new operation, and runs as follows. The italics are my own.

"For the purpose of review I will present a few data taken from a larger statis-

* Oct. 12, 1871, p. 234.

* Klinische Monatsblätter, 1863, p. 141.

† Ibid., p. 146.

tical work on flap extraction, as yet unprinted. Of 1600 eyes, on which I did extraction in the course of eleven years' practice, there were 7 per cent. of cases of entire failure. I class here as entire failures not only the eyes utterly lost, but also those which offered no qualitative perception of light, and no good chance of success from a secondary operation. Partial success, *i. e. inability to read fine print*, I got in 13 per cent. * * * * In 80 per cent. a single operation gave me entire success."* Then follows the statement that, after beginning to use the compressive bandage, he obtained 84 per cent. of entire success, and that among the private patients of the past six years (250 in number) he had obtained 91 per cent. of full success, the figures being those quoted by Dr. Loring.

If, then, partial success had meant inability to read fine print, entire success we have a right to infer would mean ability to do it. In other words, though Graefe accepted the method of Snellen, and took $\frac{1}{4}$ to $\frac{1}{6}$ as his standard of perfect vision the year after its appearance, he was unable to apply this new test to the great mass of cases he had already accumulated. Jan. 3d, 1863, he refers to a monograph on flap extraction he intends to publish, and states that it is to be based on the records of 1500 cases. In 1865 he refers to the same work, the number of cases belonging to it having now been increased by 100. This comparatively small increase is naturally due to the fact that, during the interval, he had been testing the English scoop operations and elaborating his own new method. Preferring then to test the results of his past experience by a uniform albeit imperfect standard, it seems evident that his perfect and imperfect results up to that time were not based on the application of the method of Snellen. It is on these two references to his forthcoming work† that Dr. Loring relies for his statistics of Graefe's success in flap extraction, and I think it must be admitted that, in assuming a positive numerical standard to have been employed, he has unintentionally fallen into error.

This somewhat lengthy explanation I have felt due to the reputation and memory of our great master, in order that he might not stand before the world as the originator and ardent advocate of an operation inferior in its results to the one he strove to supplant, and confronted by his own cases and figures.

Let us now briefly review his motives for abandoning flap extraction, which he had practised so many years and in which he had certainly attained a very exceptional degree of skill, and taking up the peripheric linear method. For the reasons which influenced Graefe in this respect are the same which to-day have weight with those of us who follow his example.

By his new method he gained an immediate perfect result (V between $\frac{1}{6}$ and $\frac{5}{6}$) in 90 per ct. of his cases. Secondary operations would probably change these figures into 94 per cent. of ultimate perfect result. This applied to the first 300 cases, but subsequently he gave a *résumé* of 600 cases, in which he obtained 90·4 per cent. of entire, 6·8 per cent. of half success, and 2·8 per cent. of failure.* Flap extraction, it will be remembered, gave 80 per cent. of perfect result before, 84 per cent. after the introduction of the compressive bandage, a perfect result being then considered the ability to read fine print, and one case being taken with another. But it must, moreover, be remembered that the cases on which Graefe practised his new operation were selected in a very different manner from his old ones. He disregarded many considerations that had previously influenced him. He now began to operate on cataracts not only unripe, but even just commencing. He extracted lenses presenting lamellar opacities and opacities in the posterior cortical region, it having been his custom heretofore to either leave such cataracts to increase and ripen spontaneously, or to subject them to a much more protracted treatment. He operated in cases of granular lids, diseases of the lachrymal passage, and chronic iritis. And he cites a case of cramp of the facial nerve, and another of senile atrophy of the brain, in each of which he extracted cataract.†

The period of convalescence was materially abridged by the new method, being generally from ten to twelve days,‡ as compared with twenty-five days after flap extraction.§

Total loss of the eye after flap extraction Arlt found to occur in 7·5 per cent.‖ Graefe lost 6 to 8 per cent.¶ In his first 300 cases of extraction by the new method he lost, as has been seen, 6 per cent. It must be remembered that the operation was then in its infancy, and that it was subsequently much improved upon, both in respect to

* Archiv für Ophthalmologie, vol. xi. pt. 3, p. 7.
† This long looked for monograph unfortunately never appeared.

* Klin. Mon., 1868, p. 17.
† A. f. O., 12, i. 152 and 153.
‡ Ibid, 187.
§ A. f. O., 11, iii. 8.
‖ Arlt. Augenkrankheiten, vol. ii. p. 350.
¶ Klin. Mon., 1863, p. 146.

performance and after treatment, the percentage of loss being afterwards diminished.

Dr. Knapp's first series of 100 cases gave but 2 total losses.* In 1868, out of another 100 cases, he had 2 total losses.† And, in 1869, 3 out of 100 more.‡

Were even the results of each method so nearly equal that it was still a question, as Dr. Loring says, as to which were the better; it cannot be denied that the new method is followed by a shorter convalescence than flap extraction, may be performed in cases to which that has long been considered inapplicable, and entails the total loss of a smaller percentage of eyes. These are great advantages, and when to them we add the crowning merit of a larger measure of success, peripheric linear extraction must be allowed to stand at present without a rival.

A concluding statement of Dr. Loring's is calculated seriously to mislead. He refers to a change instituted by Graefe himself in his own operation: "from a wound which is entirely in the sclera, to one which is two-thirds or more in the cornea." One would naturally infer that Graefe had sensibly modified his cut, instead of—as is actually the case—his opinion of its location. His puncture and counter-puncture were at the last as peripheric, the direction of his knife more oblique (scleral he calls it) than at first. But he pushed his investigations and dissections farther, and with characteristic frankness admitted finally that he had been in error in supposing the greater portion of the wound to fall in the sclera. He had become convinced that the external portion only was scleral, the greater part of the canal of the wound and the whole of its inner edge being corneal.§

Dr. Loring, moreover, speaks of the gradual increase of the curvature of the section, "till in the hands of many operators, both in Europe and this country, the only appreciable difference between the new operation and the flap with a concurrent iridectomy is the difference between the old and the new knife." I answer simply that an operation with largely increased curvature is *not* the new operation, but a simple vagary of the surgeon who is pleased to extract a cataract in this manner, and happens to use Graefe's knife. The peripheric linear cut is not the same as a flap that chances to have been executed with the same instrument. From what Graefe says about a linear wound may be inferred his object in adopting it.

"A linear cut is one in which the edges of the wound, left to themselves, come into the relatively most intimate connection with each other. Taking the cornea as a section of a sphere, a thing here admissible, this condition is fulfilled when the path of the wound lies in the plane of a great circle. The shortest path between two points, on the surface of a sphere, lies in the largest circle drawn through them. * * * If the cut lies in this path, the edges of the wound will have the slightest tendency to separate from each other."*

In conclusion, I, too, would allude briefly to the importance of the employment of a uniform test for vision after cataract operations, an importance generally recognized and, for the present, met by the use of the formula of Snellen, and the types published by himself and his followers. In consequence of which we have now a precise fractional statement of vision, in place of the general assertion that the patient reads fine or ordinary print. The arbitrary division into perfect and imperfect results and failures becomes of greatly increased value when accompanied by a table giving the precise fraction expressing vision in each case, to which may profitably be appended the age of the patient and the time that has elapsed since the operation. I may add that, in my opinion, the original fraction should always be given, i. e. the type seen and the distance in which it is seen, rather than the usual reduction to lowest terms. This and other similar points I hope to subsequently make the subject of a communication to our National Society, and hence avoid dilating on them here.

"Perfect results" were at first understood by Graefe to mean vision of $\frac{1}{4}$ to $\frac{1}{6}$, were afterwards bounded by $\frac{1}{6}$, and have since been allowed by Arlt, Knapp and others to embrace those cases in which the fraction obtained is not less than $\frac{1}{10}$. This enlargement of the series seems to be simply the result of larger experience in the use of a new and hence at first unfamiliar method, and means that smaller fractional amounts of vision are compatible with useful sight than was at first supposed.

Dr. Knapp writes me as follows:—

"Patients having V $\frac{1}{10}$ or more, tested on a moderately clear day and for distant vision, are able to read ordinary print without trouble, and are fit for almost all re-

* A. f. O., 13, i. 120. † A. f. O., 14, i. 316.
‡ Knapp's Archive, vol. i. p. 130.
§ A. f. O., 14, iii. 121.

* A. f. O., 11, iii. 11 and 12.

quirements of society and work. They may therefore be said to have regained good sight. Patients with vision $\frac{20}{100}$, according to my examinations, can read diamond type. This could fairly be called a "perfect result." In order not to make too many headings the former class was comprised in the latter, V $\frac{20}{100}$ or $\frac{20}{200}$."

Whether, however, our standard of success is to remain $\frac{1}{10}$ or return to $\frac{1}{6}$, the duty of each operator to give a clear statement of the amount of vision he obtained in every case, whether he reports one or one hundred, cannot be evaded. While purely general statements are devoid of scientific value, exact statistics, though few and far between, help to swell the grand total from which will ultimately be deduced a correct appreciation of the merits of rival operations.

ON THE TABLES GIVEN BY LORING AND KNAPP TO SHOW THE DISPLACEMENT OF THE RETINA IN AMETROPIA.

By O. F. Wadsworth, M.D., Ophthalmic Surgeon Boston City Hospital. Read before the American Ophthalmological Society.

In a report on ophthalmology for 1870, which appeared in the *New York Medical Journal* February, 1871, the writer, in the course of a notice of Knapp's paper, "The Influence of Spectacles on the Optical Constants and Visual Acuteness of the Eye" (Arch. of Ophthal. and Otol., Vol. I. No. II.), called attention to an apparent discrepancy between the table given by Knapp* to show the amount of displacement of the retina in given degrees of ametropia and a table which had been given by Loring for the same purpose (*Am. Journal of the Medical Sciences*, April, 1870, p. 335). These tables may be of practical importance, as enabling us to determine with some accuracy the amount of elevation or depression of different portions of the fundus, and so assisting us in diagnosis, in cases of intraocular tumors, for instance. It seemed worth while then to determine whether any real discrepancy between them existed or not.

Loring, following Mauthner† in the use of a formula given by Helmholtz,‡ shows in his table the amount of displacement in certain degrees of ametropia.

Knapp, using another formula given by Helmholtz,§ shows the amount of displacement in degrees of ametropia which are corrected by a lens of a certain number of inches focal distance (positive or negative) placed at the anterior principal focus of the eye.

The anterior principal focus of the eye being 20·29 mm., almost exactly $\frac{3}{4}''$, in front of the second nodal point, we must, therefore, subtract $\frac{3}{4}$ from the numbers of the glass given by Knapp to obtain the degrees of hypermetropia, and add $\frac{3}{4}$ to obtain the degrees of myopia referred to in his table. This change having been made, it is seen on comparing the two tables that the degrees of H and M for which the calculations were made are, except in one instance, different, and the amount of the displacement given varies not more than this difference might perhaps account for if both methods of calculation be correct. In the one instance in which the displacement for the same degree of ametropia is given in both tables, viz., M $\frac{1}{2}$, the tables do not agree. This is, however, not the fault of the formulæ. Loring gives the displacement as 8·6 mm. and Knapp as 8.26 mm. There is here an error in Knapp's table; instead of 8·26 mm., it should be 8·72 mm. This still gives a slight difference, but it is due to the fact that Mauthner, and after him Loring, estimated degrees of M from the first nodal point, and degrees of H from the second nodal point; while Knapp estimated degrees both of M and H from the second nodal point. If the calculation be made with the formula used by Loring, estimating the M from the second nodal point, there is no disagreement.

[There is also an error in Loring's table. The displacement for M $\frac{1}{11}$ should be 1.06 mm. instead of 1·62 mm. as given.]

Pursuing the investigation still further, an examination of the formulæ used by Knapp and Loring shows that they are convertible, and must, therefore, with the same premises, give the same results.

Knapp by means of the formula

$$a'' t'' = \frac{(d - f') F''}{d - F'' - f''}$$

calculates a'' t'', the distance of the retina in a given eye from its second nodal point.

Loring from the formula

$$l_2 = \frac{F' F''}{l'}$$

calculates l_2, the distance of the retina in a given eye from its second principal focus. Both take the schematic eye of Listing as a basis, and assume that the refractive system always remains the same.

* Loc. cit., p. 397.
† Lehrbuch der Ophthalmoscopie, pp. 67 and 226-227.
‡ Handbuch der Physiologischen Optik, p. 54.
§ Loc. cit., p. 56.

l_2, the distance calculated by Loring, is equal to a″ t″, the distance calculated by Knapp, less F″, the second focal distance of the eye. Substracting F″ from both terms of Knapp's formula, we have

$$a'' t'' - F'' = \frac{(d - f'')\, F''}{d - F'' - f''} - F'' = \frac{F'\, F''}{d - F' - f''} = l_2$$

The value of l used by Loring is

$$\frac{F'\, F''}{l'}$$

l′ denotes the distance at which the image of the retina of an eye formed by its refractive system stands from its first principal focus.

On referring to the definition given by Helmholtz of the terms employed by him,* we find that d denotes the distance at which the corrective lens† (the lens which renders rays coming from the retina parallel) stands from the first principal focus of the eye. The image of the retina formed by the refractive system of the eye is the posterior focal distance of the corrective lens (f″) behind the lens; and the first principal focus of the eye is its anterior focal distance (F′) in front of its first principal point. Therefore

$$l' = d - F' - f'', \qquad \text{and} \qquad a'' t'' - F'' = \frac{F'\, F''}{d - F' - f''} = \frac{F'\, F''}{l'} = l_2$$

FOX ON SKIN DISEASES.*—A REVIEW.

By Edward Wiggleswoth, Jr., M.D., Boston.

Previous to January, 1871, the current medical literature of America was unrepresented in a most important branch, that of dermatology. Since then we owe to the professional zeal and patient labor of Dr. M. H. Henry a journal devoted to the interests of this specialty, which, in scope and plan, may challenge comparison with all others. One want, reflecting discredit upon us all, being thus ably supplied, Dr. Henry now appears again before the profession to supply another, namely, that of a practical compendium in our own language of the dermatological knowledge of the present day.

Until to-day, with the exception of translations from the German, incomplete or difficultly obtainable, America has furnished no work of this sort, and England but four worthy of mention. Before the ponderous tome of Wilson, the general student shrinks aghast; the specialist is by no means satiated by the little *vade mecum* of Hillier; and Anderson's works are monographs. For a manual, concise and yet complete, scientific and practical, we have in fact only the two treatises of Dr. Tilbury Fox, and it is the combined revisions of their latest editions which Dr. Henry now offers to the medical public.

The reputation of Dr. Fox as a dermatologist needs no testimony from us. His scientific and clinical knowledge, his devoted perseverance and untiring energy, have made him the exponent, and University College Hospital the representative institution of the most advanced and best dermatology of Great Britain. To his personal efforts, the hospital owes the most extensive and elaborate system of baths possessed by any hospital in the world except the similar one at the St. Louis in Paris. We hail with joy this American reproduction of the results of Dr. Fox's labors, and reëcho cordially Dr. Henry's own words: "I know of no book on dermatology in our language that combines so completely the results of a thorough knowledge of the pathology of skin diseases, such sound clinical observation and so rational a system in the application of therapeutics."

The first chapter treats of the importance of the study of skin diseases and insists upon the fact that, like other true specialists, the dermatologist, "the only efficient treater of cutaneous ailments, is he who is master of the details of general therapeutics;" specialism being an addition to and not a substitution for general medicine. The interdependence of function between the skin and the internal organs is brought to our notice, and the consequent frequent necessity for the administration of internal remedies in cases of cutaneous affections.

The truth of this is indisputable, but it will be a long time yet before this side of the argument requires to be emphasized to either English or American practitioners. Attention is called to the fact that differ-

* Skin Diseases: their Description, Pathology, Diagnosis and Treatment. By Tilbury Fox, M.D. Lond., M.R.C.P., Physician to the Skin Department of University College Hospital. First American from the last London Edition. Edited by M. H. Henry, M.D., Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases, &c. New York: Wm. Wood & Co. 1871. Pp. 313.

* Loc. cit., p. 56.

† I consider, as Mauthner and Knapp have done, that the second principal point of the lens coincides with its centre.

ences exist in the same disease according to the country where and people amongst whom they occur; which differences, from the diseases on the continent of Europe, for instance, are, however, more marked in England, the home of a pure-blooded race, than here in cosmopolitan America, where natives of every land jostle each other at every turn. The chapter concludes with a well-merited eulogy of the hard and solid work of Willan, the father of modern dermatology, who, because he was ignorant of the instruments, experiments, and experience of the present day, has been attacked both at home and abroad by those who have used these things simply as a means to reëstablish the chaos out of which Willan first brought the elements of plan and order. We have to thank such men as Fox that their efforts have proved fruitless. In dermatology as well as at Waterloo England has found a Wellington to protect the world against France. The second chapter is an able paper on the general pathology and elementary lesions of diseases of the skin. In this chapter Dr. Fox calls attention to the objection raised against the employment of the word tubercle in this connection; namely, that the term has already been appropriated to denote a different pathological process; and suggests the replacement of this term by the word degenerations.

The third chapter is devoted to etiology. We reach now the "debatable ground," the battle-field of the conservative English and the progressive German schools. Fox says, "Hebra is the advocate of the local origin of skin diseases, Mr. Wilson of the general as well as the local. I am entirely with Mr. Wilson." It would have been more exact had he said, Hebra is the advocate of the local *rather than* the general origin of skin diseases, Mr. Wilson of the general rather than the local; for in the next lines Hebra is thus quoted: "*much more* potent in the generation of diseases of the skin than the internal causes, &c. are external agencies, &c." Whatever Fox's opinion may be with regard to the relative importance of internal and external causes, we are sorry to see him retain that "high-sounding word" "diathesis" *a deus ex machina*, which, by its fanciful splendor, is to conceal, not dissipate, our mental darkness; a sonorous title, which means, and can mean nothing, and the death-knell of which progressive science is already sounding. On page seventeen, Fox mentions among the causes producing altered states of the blood-current, "climacteric [query climatic?] or endemic influences, often malarial in nature, which act by deteriorating the system generally and which give rise to the frambœsia of the West Indies, the plica of Poland, &c." Now we have been twice to Poland and studied the "plica," and it is due, as Hebra has long since shown, to neither climacteric, climatic, or endemic influences, but is simply a general name applied to a condition resulting from lice, neglected eczema, seborrhœa, syphilis and favus, filth of all kinds, even maggots having been found in hair in which flies had laid their eggs.

In the fourth chapter, Dr. Fox presents us with his classification of dermatological lesions, which is certainly an improvement on any previous English one, though not in itself perfect. Since we have in cutaneous disease morbid conditions of the skin or of some of its component parts, it has always seemed to us that the classification of such disease should rest on a pathological rather than on an anatomical or a clinical basis. Secondly, though the diagnosis of a single lesion may, for practical purposes, be based upon some prominent visible characteristic, yet classification pertains rather to science than to practice, and a purely scientific classification must be pathological rather than clinical. Especially is a clinical classification objectionable from the opportunity it affords to puerile pedantry of an abnormal proliferation of ideal subspecies; a buccally sonorous, subjectively, but cerebrally deleterious, objectively, hyperlogodynamia, the Dœdal progenitor of which requires only a knowledge of the gender and number of the substantive denoting the lesion, and the Greek or Latin for some adjective explanatory of an existing though perhaps transient and unimportant clinical appearance; a Bazin-tine dis-order of verbal architecture both unscientific and unpractical.

Dr. Fox prefers, however, a clinical classification, one adapted more to the wants of the student than the requirements of science. We will not quarrel with this plan, since the weal of humanity at present demands the wider diffusion of existing knowledge even more than additions to our present stock. As Holmes says, "Our banner bears the single line 'Our mission is to save.'" The worth of the public benefactor outweighs that of the scientist as such. The physician is merely the educational specialist trained to supply one need of men in general, which need arises solely from the general lack of common sense and experience. He typifies that knowledge

localized or intensified which ought to be extended throughout mankind. Dr. Dunster says :—"The physician must take control of the coming education, for his culture, and his alone, enables him to judge rightly of man, his interests and requirements. Descartes said :—'If it be possible to perfect mankind, the means of doing so will be found in the medical sciences.'" Fox's classification has, then, a special value in that it is at least practically serviceable, and we would merely suggest that as "the squamous group" has merged itself in that of the hypertrophies and atrophies, class No. 7, chromatogeneus or pigmentary alterations might with propriety profit by its example to go and do likewise, since this class also includes merely excesses or deficiencies of pigment. We notice also one line—"ichthyosis, which is only a part of general atrophy of the skin." Now, according to Hebra, Kohn, Neumann and the microscope, ichthyosis is a hypertrophy not an atrophy.

To the fifth chapter we would call special attention. It embraces the subjects of Diagnosis, Prognosis and Therapeutics, and is very valuable to both student and practitioner; being so arranged as to constitute a general diagnostic chart. We are very glad that Dr. Fox lays stress on two important considerations often neglected in the treatment of cutaneous affections; viz., the occupation or business of the patient and the seat of the disease. Under therapeutics also, Dr. Fox alludes to two plans of treatment which deserve more attention than has usually been bestowed upon them, viz., the employment of bland and soothing remedies in cases of primary irritation, and the necessity of treating simultaneously, coincident general affections. He draws attention also to the great value of baths. The success attending Dr. Fox's practice, to which we ourselves can bear witness, gives authority to his teachings upon these points.

The eruptions of acute specific diseases are ably treated of in the succeeding chapter, and we can only lament that a so careful experimenter and acute observer as Dr. Fox has not fully considered the present system of vaccination directly from the calf. His remarks on glanders, dengue and frambœsia are valuable, as these are diseases little known and rarely described at length.

Under the head of erythematous diseases, Dr. Fox gives a special note on medicinal rashes, which may be studied with advantage by every practitioner of medicine, since grievous errors are often committed from a want of knowledge of, or attention to, the facts here pointed out.

Dr. Fox's chapter on eczema, a disease which covers fully a third of all cases of skin diseases, and is especially frequent in England, is full of interest. He errs, however, when he accuses Hebra of including Pityriasis rubra, Lichen and Impetigo under Eczema. Eczema squamosum is merely one stage in the progress of the affection eczema. Pityriasis rubra, which is a fatal disease when diffused, is an entirely different and very rare disease, and any existing confusion is due solely to those who have erroneously applied this title to simple squamous forms of eczema. In Pityriasis rubra, a persistent deep red coloration of the skin, with gradual desquamation, is the only symptom throughout its whole course. There is no infiltration of the cutis, and the oozing and vesicles of Eczema are not present at any period of its duration. The name Pityriasis rubra is, then, to be retained for a rare universal disease; and local forms, erroneously so called, are alone to be placed under the head of Eczema squamosum.

Then, too, Hebra (Eng. edit. p. 119) expressly distinguishes his Eczema papulatum, resembling a lichen in appearance and often erroneously so called, but which is in reality a stage of Eczema, from true lichen. So Eczema impetiginosum, a form owing its peculiarities to the severity of the attack or the vital weakness in defence, is Hebra's entirely suitable name for the impetigo of authors in general, and we see analogous conditions of difference in severity following similar traumatic lesions in the healthy and the debilitated. But since the publication of Hebra's work, the German school* has given in its allegiance to a "contagious impetigo," of which Dr. Fox has been the earliest and great champion. As to Hebra "including Eczema, Prurigo (a neurotic) and Scabies (a parasitic) under the one term 'Pruriginus, the designation for a sub-group of chronic exudative diseases,'" Dr. Fox calls it "a negation of the commonest principles and data of general pathology to do so." Now it is precisely because Hebra's classification is purely pathological that he does so. Would Dr. Fox base his nomenclature of existing conditions upon the causes producing those conditions? This is pushing the theory of causal diathesis and general morbific predisposing agencies rather too far. The disease of the skin is the existing patho-

* Anzeiger der k. k. Gesellschaft der Aerzte in Wien. 29 Mai, 1871.

logical lesion, whatever the producing agency.

Now, what is this pathological condition? In each case an exudation, accompanied by a pruriginous or itching sensation.

I. Eczema, as Hebra really defines it. Here Dr. Fox will grant us the condition according to his own definition, "a peculiar discharge."

II. Prurigo. This is a disease rarely if ever seen in England, and it is a pity that the English persist in retaining this old appellation for cases of simple pruritus cutaneus, which is not a disease, but a symptom from many and totally varying causes. In true prurigo we find a morbid change in the tissues of the integument, namely, an exudation giving rise to an eruption of papules, preceding and causing the most intense itching, due perhaps to an actual pressure of this foreign material upon the cutaneous nerves.

III. Scabies. Is this the name of a disease, or of the acarus of that disease preceding and causing it? It is a pathological condition, and this condition is an exudation with itching, caused, as in the case of prurigo, by actual pressure of a foreign material upon the cutaneous nerve, and still more by the eczematous effects of the scratching consequent upon the irritation which this pressure causes.

But the existing disease is in each of these three cases a similar pathological condition, so similar that it would be almost possible to include the three under the one title, eczema, except for the purpose of treatment. Is Scabies a pathological condition, or the scratching which caused it? Is it the scratching? then it is the cause of this; namely, the nervous irritation. Is it nervous irritation? then it is the cause of this, the acarus. Is it the acarus? then it is the acarus on a scalpel as well as in the skin. Is Prurigo a pathological condition, or a scratching, or a nervous irritation? an exudation, or the unknown cause of this exudation? Is eczema a pathological condition, or a cause? which cause may be intangible, as heat; material, as ivy or dogwood; or unknown.

The French theory of "dartres" Dr. Fox very justly passes over. The weight of his authority is not needed to crush a dying ephemeron, however poisonous.

We thank Dr. Fox for his remarks upon the frailty of the fashionable drug arsenic, too long extolled as a specific for every ill the human skin is heir to, or acquires.

Chapter ninth, on Lichen, is particularly to be commended. In this Dr. Fox made a bold stand, in accordance with the results of modern science, against the errors of English dermatology, especially as regards the so-called "Lichen tropicus" and strophulus.

We now come to the chapter on Suppurative Inflammation, the crowning feature of the volume, full of valuable instruction, treating of many topics usually neglected, overthrowing old errors of diagnosis, as for instance, "Impetigo rodens," a self-evident absurdity, and above all, treating of that previously unrecognized disease, Impetigo contagiosa, an affection the individuality, nature and course of which Dr. Fox has been the first to give to the world. As before stated, this valuable addition to our previous knowledge of dermatology is now fully recognized by the German school, which has also found in the lesion spores, mycelium and even organs of fructification resembling the Siliqua of the Papillonaceæ. In May, 1870, we had the pleasure of studying this disease with Dr. Fox, who convinced us thoroughly of the correctness of his views.

The chapters on "Bullous diseases," on "Lepra," better called Psoriasis to prevent confusion with Leprosy [Elephantiasis Græcorum], are good; we are glad to find Lupus under the head of strumous diseases. Under cancerous affections, Dr. Fox places rodent ulcer, "probably the least expressed form of cancerous cachexia," though "Mr. Paget states that no true cancerous elements are present."

The Syphilodermata are ably treated of. Attention is called to Brodrick's "diagnostic sign of the existence of an acquired syphilitic taint—viz., *sub-sternal tenderness*, noticed also by Ricord."

Infantile syphilis, not congenital, may be acquired from the nurse's milk. If congenital, it is hereditary, and may be derived (a) from the mother contaminated before or after conception; (b) from the father (the mother being healthy); (c) when the parents are both syphilized, in double degree." "An adult may exhibit hereditary syphilis *pur et simple*." "In syphilitic lichen, even erythema (roseola), the pruritus may be distressing." "Vesicular syphiloderm is very rare." "A syphilitic Lupus has been described." So has a sea-serpent! We cannot agree with Dr. Fox in calling "psoriasis and erythema and mucous tubercle tertiary symptoms." There is no true syphilitic psoriasis; erythema, more properly roseola, is one of the earliest symptoms; and the secretion of mucous tubercle is contagious, a property not belonging to tertiary lesions. "In secondary syphilis the remedy is mercury; in tertiary disease,

iodide of potassium." We subscribe thoroughly to this statement. Among the preparations of mercury, Dr. Fox prefers the bicyanide. In the local treatment of ulcerating forms of syphilodermata, we could wish that Dr. Fox had mentioned the great value of iodoform powder dusted on to the sores. The application of ung. hydrarg. on rags is almost indispensable. "True, leprosy (Elephantiasis Græcorum) is generally now regarded as having a malarial origin. Hereditary tendency is certainly an efficient cause. Leprosy is not contagious, it is believed." From an unusual experience in this disease in Turkey and the East, in Spain and throughout Norway, we can bear witness to the truth of these statements, in all of which Prof. Boeck, of Christiania, has also expressed to us his concurrence.

The group of "hypertrophic and atrophic affections" include a rare collection of rare diseases; "morphœa, scleriasis and dermatolysis, which diseases we have seen only in England, and of the last disease but a single case in an experience of over fifteen thousand cases of diseases of the skin; rhinoscleroma, first described by Hebra in 1870; kelis and keloid; bucnemia tropica (Eleph. Arabum); fibroma," &c.

The longest chapter of Dr. Fox's volume is devoted to parasitic diseases. Under animal parasites, he treats very fully of the chiggre (Pulex penetrans), and the Guinea-worm (Filaria medinensis), while our cosmopolitan acquaintance the pediculus, conspicuous by his absence, receives but half a page. He is worthy of more consideration, and this neglect of him is the one serious defect in the book. The variety and extent of the lesions consequent upon his presence must be seen to be appreciated. We have seen persons naturally blond bronzed as deeply as negroes from the deposition of pigment following the lesions produced by the bite and the consequent scratching. The marked distinction in the appearance, habits and habitat of the three species should have been insisted upon. The P. capitis never leaves the head where the arrangement, attachment and development of the egg are worthy of notice. The P. corporis is never to be found except upon the body or clothes, usually in the folds of the latter, where also the eggs are deposited. So the P. pubis never attacks the long hair of the scalp. It is found upon the short hairs of the genitals, but may spread, yet solely from one hair to its contiguous neighbor, along the lanugo of the body so as even in rare cases to reach the eyelashes. It has been our rare good fortune to meet with three such cases. Hebra also mentions having met with three. The treatment also varies. Petroleum suffices to destroy the head louse, and the hair should not be cut. The destruction of the body louse is to be effected by baking or boiling the clothes. Lotions of bichloride will be found superior to ointments for destroying the P. pubis. "Army itch" is a diagnosis of ignorance. When not due to parasites, the itch of the soldier is due to his hygienic state and circumfusa. We find precisely the same condition obtaining under similar circumstances in civil life, and it is coincident quantity, not peculiar quality which has given rise to this name for a condition depending at one time upon sudamina, at another upon urticaria, or again upon a folliculitis caused by irritation of the clothes or uncleanliness.

Since the first collective account of skin diseases of a parasitic nature ever published in English, namely, that of Dr. Fox, in 1863, he has been an authority as regards the vegetable parasites. We have always held that his generic classification of these as Tineæ was an advance in the definiteness of dermatological nomenclature, and the College of Physicians has at length accepted and adopted it. It is a simplification, pathologically consistent and subversive of much mystification. We are somewhat surprised, therefore, at his unusual liberality in specific designation, especially as he is one of those who "consider that the fungi found on man are of one and the same stock." Let us hope, however, that his title Tinea versicolor may supersede that objectionable word chloasma, derived properly from chloös, "a greenish yellow color," and designating solely the non-parasitical pigmentary stains which may accompany cancer, tuberculosis, diseases of the uterus or ovaries, &c. Pityriasis versicolor also is to be dropped, as a pityriasis is an epithelial hypertrophy and not parasitic. Tinea circinata will, we trust, be substituted for Herpes circinatus, a name properly applicable only to a stage of Herpes iris, a true herpes and not parasitic, though, strange to say, even Hebra has used the term Herpes circinatus for these two entirely distinct diseases. Dr. Fox gives also under this head an excellent description of the Madura foot, or fungous foot of India, due to the presence of the Chionyphe Carteri. Such a one we had an opportunity of seeing in the Museum of University College Hospital, through the kindness of Dr. Fox.

A clear and well-arranged summary, a most useful formulary for the general practitioner, a carefully compiled list of mineral springs, the use of which practitioners are too apt to advise to conceal their own ignorance or to shirk the treatment of chronic cases, and Laus Deo! a glossarial index, as necessary at present to a French or English work on Dermatology as to an edition of Burns's poems, conclude a book which, if not absolutely perfect, is nearer to it than anything yet published, either English or American. Dr. Fox's thoroughness has caused him to describe certain conditions which were merely intensifications of others, and as such better omitted for the sake of simplification; his kindness of heart has prevented his giving the *coup de grace* to some theories, the immolation of which would be a benefit to humanity. His well-known modesty has prevented him in some cases from sticking persistently to improvements in nomenclature because they were his own, giving sometimes an air of inconsistency to his remarks. He has not been thoroughly successful in escaping dry shod from the deluge of ponderous verbosity which has inundated both the English and the French schools of Dermatology. But when we consider the perverse blindness and stubborn conservatism (which, for instance, calls a prurigo, pruritus, and asserts that this is necessarily due to lice) against which Dr. Fox has to contend, and remember that great ideas move slowly, we are filled not only with sympathy but with admiration for the large eclectic spirit and the progressive scientific mind which, assisted by an able pen, enable Dr. Fox to more than hold his own "against all England."

The paper, type and binding of the volume are unexceptionable, displaying the same qualities which mark Dr. Henry's journal; and in his own words, "the attractive manner in which the book is written will, I feel assured, be the means of conveying a better knowledge of a large class of interesting diseases which have not in this country, until recently, received the attention which their character and importance deserve."

Mr. Darwin, the author of "The Origin of Species," is reported to be engaged upon a new work, in which the facial expression of animals will be one of the chief topics discussed.—*Med. and Surg. Reporter.*

Bibliographical Notices.

Practical Therapeutics: considered chiefly with reference to Articles of the Materia Medica. By Edward John Waring, M.D., F.L.S., &c. Second American from the third London edition. Philadelphia: Lindsay & Blakiston. 1871. Pp. 765.

Dr. Waring's book on Therapeutics has long been known as one of the most thorough and valuable of medical works. The amount of actual intellectual labor which it represents is immense, and the frequent references to authors of the highest repute show that the author has made it, in this edition, an epitome of all that is at present known in the science of therapeutics.

Therapeutics has made such rapid strides in the past few years, that it has been necessary to re-write a large part of the work, and the author has in this way given it increased value. He has also written of chloral, bichloride of methylene, sandal-wood oil, and many other of the articles which have come into use within the past few years. An Index of Diseases, with the remedies appropriate for their treatment, closes the volume.

Our Eyes, and how to take care of them. By Henry W. Williams, A.M., M.D., President of the American Ophthalmological Society, &c. Boston: James R. Osgood & Co. 1871. Pp. 103.

This is eminently a book for the people, and just such a book as can safely be put before them for their positive good; full of good sense and sound advice which the community is lamentably ignorant of and which it has no *right* to be in want of.

We are glad to note one point about this little book. Dr. Williams has not attempted to instruct the public in ophthalmology. We have always contended that the public had better leave the *science* of medicine to the physician, and not prejudice their physical health by venturing on self-treatment. This little book tells the public, literally, "how to take care of" the eyes; the hygiene, not the surgery of these delicate organs.

The public is sadly careless in the use of the eyes. "The dictates of good sense would really seem to be forgotten where the eye is in question; for surely, if there be any faculty of the body of preëminent importance and value, it is the faculty of

seeing; and, if there be any organ whose delicate and intricate structure demands the most patient and intelligent study and finished skill for its proper comprehension and successful management, it is the organ of vision. Yet this seems to be a lesson which the community is most unwilling to learn; and multitudes of eyes, too valuable to be thus thrown away, are sacrificed to ignorance and neglect." With this as the prime motive for writing the book, we are glad to see that Dr. Williams has adverted to such topics as the simplification of studies in order to save the eyes of children, the fallacy of refraining from the use of glasses until the eyes are past healing, the pretensions of peripatetic spectacle venders, the dangers of strabismus and of sympathetic influences after injury. Such subjects as these can be safely and wisely discussed with the secular public, and we feel sure that Dr. Williams has, in the publication of his book, conferred a benefit on the community.

Stimulants and Narcotics: Medically, Philosophically and Morally Considered. By GEORGE M. BEARD, M.D. New York: G. P. Putnam & Sons. Pp. 155.

THIS is a very interesting and instructive little book, well worth one's time and the fifty cents. It gives a brief history and description of the various stimulants and narcotics in use in all parts of the world, and an account of their good and bad effects as modified by age, sex, climate, habit, temperament and progress of civilization. The drinking customs and the intemperance of the various nations are briefly described, as are also the reformatory experiments which have been tried to regulate or abolish the habitual use of intoxicating liquors. Compulsory education is Dr. Beard's remedy for the increasing evils of intemperance. He has little faith in prohibition. It is a sensible book, well written, and one of the best extant for the general reader. G.

Treatment and Prevention of Decay of the Teeth; A Practical and Popular Treatise. By ROBERT ARTHUR, M.D., D.D.S., &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 256.

THE volume before us is intended, at once, for the profession and the public. After briefly considering the anatomy of the teeth and the subject of dental caries in general, the author presents his own views in reference to a method of preventing and treating decay which he has employed for many years; it is, in fact, the separation of teeth, closely in contact, which are of such frail character and are exposed to such destructive influences that their decay is inevitable or has already occurred. In spite of much opposition from individual associates, Dr. Arthur discusses and defends his theory in an able manner. In addition to the special views called out in the discussion of his method of treating caries, the volume before us contains many excellent suggestions in regard to the teeth, which may well be considered by the lay public as well as the dental and medical professions.

The Physician's Dose and Symptom Book, containing the Doses and Uses of all the Principal Articles of the Materia Medica and Officinal Preparations, &c. By JOSEPH H. WYTHES, A.M., M.D. Tenth Edition. Philadelphia: Lindsay & Blakiston. 1871. Pp. 277.

THIS little volume is a *vade mecum* for the practitioner, containing a large amount of information in a very small space, having the advantage that it may be carried in the pocket and serve a good turn in cases of emergency; but it has also the disadvantage of treating the subject too summarily for office or permanent use.

The present edition has been brought up to the science of the present day, and includes most of the new remedies now in vogue.

Artificial Induction of Labor in Uræmia. By SAMUEL C. BUSEY, M.D., Physician to the Louise Home, one of the Physicians to the Children's Hospital, D. C., and Physician in charge of Diseases of Children at the Columbia Dispensary. Reprinted from the National Medical Journal, Washington, D. C. 1870. Pp. 62.

IN this pamphlet the author has given us a carefully prepared argument in favor of the induction of premature labor as a prophylactic method of treating uræmic eclampsia. While we should hardly like to see premature labor induced as frequently as the writer would advise, still the article in question contains much that is worthy of the careful consideration of obstetricians.

Management of the Obstetrical Forceps. By C. C. P. CLARK, M.D. Albany: Weed, Parsons & Co. 1871. Pp. 24.

THIS little monograph is an extract from the *Transactions of the New York State Medical Society* for 1870. In it the author

strikes out boldly and, as we think, wisely from the beaten road which so many writers on obstetrics have travelled. He deprecates the complexity and obscurity with which acknowledged authorities on this subject have tried to surround the use of an instrument which he claims can be employed with safety and with decided benefit to both mother and child. The subject is well treated, and the pamphlet will doubtless do good service towards rendering the forceps as popular in this country as they are in Germany.

The Druggist's General Receipt Book, &c. By HENRY BEASLEY. Seventh American from last London edition. Philadelphia: Lindsay & Blakiston. 1871. Pp. 497.

A COLLECTION of such receipts of all kinds as may be used by pharmacists in the prosecution of their business; and, indeed, a handy book for any physician, especially for those living at a distance from cities or large towns.

The Visiting List for 1872. Twenty-first year of its publication. Philadelphia: Lindsay & Blakiston.

AGAIN we find on our table a fresh copy of this pocket companion for the year. For those of small, as well as large practice it has become a necessary article, a reminder of daily duties and a record of daily work. It contains the usual useful tables, and the blanks for the various memoranda which occur in a physician's business. It is for sale in Boston, at the "corner store," No. 135 Washington Street.

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 23, 1871.

A METROPOLITAN AMBULANCE SYSTEM.

DR. INGALLS, one of the Visiting Surgeons of the Boston City Hospital, has kindly brought to our notice the New York ambulance system and its advantages; indeed, the subject is consonant with views which we have long entertained, and we gladly give place to his letter. Every city should have a similar system, so that in case of a riot, an explosion, the fall of a building or other accident, the wounded may be moved with the least suffering to themselves and in a manner the most advantageous for their recovery. The subject is suggestive of so many advantages to all classes of citizens who are liable to injury or sudden illness, that we cordially join with Dr. Ingalls in wishing the system may be speedily introduced into Boston and other cities. Accidents are constantly occurring, and the victims must be moved to their homes or to the hospital; patients, usually considered "too ill to be moved," may with ease and safety be placed on a stretcher by skilled hands and then conveyed in an ambulance from homes of poverty, of filth or darkness, to more favorable situations for recovery. It is often desirable for invalids of ample means to be moved from one part of a city to another; such a move could certainly be effected under the most advantageous circumstances by an ambulance corps, and the invalid or his friends would not grudge a fee which might be charged for the conveyance. Thus in many ways an ambulance system may be a desirable charity; will not our city physician consider the propriety of establishing it as an adjunct to his office?

Mr. Editor,—A short time ago I passed a goodly portion of three days in Bellevue Hospital, New York city, and heard and saw much of interest there. The Professors and "House Staff" were courteous and attentive, and the wards into which I went were neat and *tidy*.

Seeing several nice looking and uniformly built vehicles in the shed at the side of the yard near the entrance, I went to examine them, accompanied by Dr. E. W. Cushing, of Boston, who is one of the house-staff surgeons. The ambulances are well covered, modestly painted, the word "ambulance" being on each side; the springs give the sense of strength and ease of motion, and the whole work appears to be of the first quality—nothing about them being cheap or shoddy.

The "stretcher"—one to each ambulance—is composed of two pieces of canvas, each, say two and a half feet square, and through two sides of each—there being a hem to admit of it—can be thrust a pole; to keep these poles apart and thereby form the "stretcher," an iron rod is placed near the ends, after the two pieces of canvas have been carefully drawn under the patient, and the poles adjusted. The rods have at each end a half ring into which the poles are adapted.

I observed a fracture-box and a lot of tow in the ambulances, and I presume bandages, tourniquet, &c., are in the box under the seat.

Drivers and all connected with the ambulances are trained to their work. Perhaps this system of ambulances may be adopted here in Boston; at any rate, I write this that your readers may know that the scheme answers an excellent purpose, practically, elsewhere.

Dr. Cushing has been at the pains, by my request, to send me information concerning the cost and other matters, and his letter accompanies this, and from it you are permitted to print extracts.

Yours truly, WM. INGALLS.

BELLEVUE HOSPITAL, New York, Nov. 10, 1871.

Dear Sir,—With regard to the ambulance system, I have inquired of our Warden concerning the cost, and find it estimated for each ambulance, complete, including the board of the surgeon and attendants. [We omit the details of figures. Ed. B. M. & S. J.] The aggregate gives, for the first year, $2306.00; for each succeeding year, $1196.00. Two ambulances would be needed at any rate, as a call often comes while the ambulance is already out; it is, moreover, necessary to give both surgeons, attendants and horses a relief.

There are seven ambulances at Bellevue, complete; but only two surgeons; these may be third-year students. These relieve each other, one taking all calls from noon to midnight, and the other from midnight to noon; the officer off duty, however, must be ready to go if there should come a second call. If several calls come at once, the regular staff doctors of the hospital are asked to go out; and when there comes a general call, as in a riot, or an accident with extensive loss of life, there is a perfect stampede, as the seven ambulances and wagon stream out of the gate and through the streets.

There are two more ambulances and two surgeons at the Centre Street Hospital, a branch of Bellevue, and there will be yet two more at the new branch hospital on 99th Street. A telegraphic communication exists with every police precinct and with the Centre Street Hospital. The calls average about eight daily for Bellevue, some days only one or two; yesterday there were sixteen. The ambulance has the right of way everywhere. The wheels fit the car tracks. * * * Yours truly,

E. W. CUSHING.

Dr. WILLIAM INGALLS.

PROFESSOR OPPOLZER'S SUCCESSOR.

WE owe it to one of our Vienna correspondents that we did not fall into the error of our contemporaries in prematurely announcing Bamberger as the successor of Oppolzer in the University of Vienna. It is now well known that his nomination was not favorably received by the Ministry, and the professorship has, thus far, remained vacant. Dr. D. F. Lincoln now gives us direct information regarding affairs in Vienna, under date of October 27th. He encloses a portion of a letter from a friend at the University, which will be of interest to our readers. The allusion both to Bamberger and Karsten will be better understood by reference to Dr. Lincoln's letter from Vienna in this JOURNAL for July 6th, 1871. Since the date of Dr. Lincoln's letter, the telegraph has announced the actual resignation of the Hohenwart Ministry.

Dr. Lincoln's correspondent writes thus:

"A mountain incubus has just been lifted from our breasts: the Hohenwart Ministry is upon the point of resigning! We expect, accordingly, that Prof. Bamberger will at last receive a call to Vienna. This call, as you know, was voted by our Professoren-Collegium, but met with the greatest opposition on the part of the Ministry, whose watchword was the world-renowned phrase 'Nix Deutsch!' It is also to be hoped that Prof. Karsten will no longer form a part of the Board of Examiners. So may the spectre of Anti-reform take its final leave of our Alma Mater, which it has haunted so long!"

DR. EDWARD A. CRANE.—During the past week, we have been pleased to meet in our city Dr. Crane, of Paris, a gentleman known to many of us as one of the active workers—in connection with Dr. Evans—in arranging the American Sanitary collection at the Exposition of 1867. To this gentleman's energy and zeal is largely due the organization and operation of the Ambulance Americaine during the late war in Paris, which has been the means of doing a large amount of good in the care of the sick and wounded in that unfortunate city. The work of the ambulance has been quiet, but effective, and, we are glad to know, has received the approval and the praise of the

French authorities. Dr. Crane has made a careful study of medical field service, and will shortly give his views on the subject, as well as a history of the American Ambulance.

Death of Dr. Evanson and of Mr. Langston Parker.—Our English advices give us notice of the death of these two distinguished gentlemen. Dr. Richard T. Evanson has long been known in this country as one of the authors of a treatise on the Management and Diseases of Children, a work which has passed through five editions, and has long been esteemed a valuable one. Dr. Evanson was a native of Ireland, and received his education at Trinity College, Dublin. He settled in that city as a physician, soon became connected with its medical school, and also filled the chair of Medicine in the Royal College of Surgeons. The state of his health, however, obliged him to give up practice, and he became a wanderer on the continent. He finally settled at Paraguay, where he died on the 26th ult., at the age of seventy-two. Mr. Langston Parker died in Birmingham, on the 27th ult., in his sixty-seventh year. He is best known as one of the founders of Queen's College and Queen's Hospital in Birmingham; by his writings on the stomach and digestive organs, on cancerous diseases and syphilis. His classical work on the modern treatment of syphilitic diseases embodied the results of thirty years' experience, and the fifth and last edition is a practical and comprehensive treatise.

Prof. Sayre's Vertebrated Probe and Catheter.—In the *British Medical Journal* for July 22, 1871, Prof. Sayre, of New York, describes the vertebrated probe and catheter which he has devised, as follows:

"It consists simply of a series of hollow silver disks, made a trifle smaller at one end than at the other, so as to fit into one another, like a pile of cups or tumblers. These are held together by a linked chain running through the series and jointed nearly opposite each disk-insertion. The chain terminates in a square rod which runs through the last disk and is much larger than any of the others; and on the end of the small rod is cut a thread, on which runs a small button-screw, which can make the chain tight or loose at pleasure. Of course, when the screw is turned back, the chain being lengthened, the disks fall away from one another, and the probe is as limber as a chain, capable of following any sinuosity into which it may be pushed; and by a few turns of the screw, the chain being shortened, the disks are drawn firmly together, so as to make a solid probe, which will give the concussion against a carious or necrosed bone, the same as any other probe. A small slot is made in the canula containing the screw, for the purpose of putting a small nut which regulates the tension of the chain, and thus prevents the possibility of applying any sufficient force to break it. There are two fenestræ at the distal disk, for the purpose of drawing an oakum seton through deep sinuses and carious joints; this makes it also very useful as a catheter in cases of tortuous urethra from enlarged prostate. It is impossible to make a false passage with it, and, as it is simply a series of ball-and-socket or universal joints, it will follow any passage, however devious. By simply unscrewing the steel bulb at the end, and inserting a bulb of porcelain, according to the suggestion of Nélaton, you have the most perfect bullet-probe that can be desired.

"To clean it, it is necessary to unscrew it at the end, and to remove the small screw at the slot in the canula, when it will fall to pieces. After washing, it is easily put together, just the same as a string of beads, only remembering to put the small end at the disk on the wire first; and, as each disk increases in length until the end, of course no error can occur in making them fit properly."

The description is illustrated by two wood-cuts.—*Phil. Med. Times.*

Treatment of Chronic Catarrhal Pneumonia by Atmospheric Pressure. (*Wien. Medizin. Wochen. Cent. Medizin. Wiss.*, No. 26, 1871.)—It has been observed that, in consequence of increased atmospheric pressure, the lungs become distended to a certain degree, and that this result, according to the number of sittings in the pneumatic apparatus, still remains for a shorter or longer period. This latter result depends, according to Von Liebig's view, upon the fact that the animal tissues, and the lungs as well, are subjected, within the limits of their elasticity, to a subsequent elastic action when distended. The direct consequence of the distention is a slower respiration and a more extended movement of the

lungs, which is shown by the greater depth of the respiratory movements, that is to say, by the greater volume of air inspired and expired each time. It has been further noticed, in consequence of the lightening of the venous circulation produced by the distention of the lungs under increased atmospheric pressure, that catarrh of the larynx and bronchial tubes heals more rapidly than under ordinary circumstances. Resting upon these observations, the author assumed that the employment of increased atmospheric pressure, in consolidation of the lungs dependent on catarrhal causes, would be of benefit, since these consolidations generally form first in the apices of the lungs, which of all parts of the lungs display the least mechanical activity, and hence favor a stasis of blood and a collecting of the secretions, and, since the increased atmospheric pressure not only dissipates the catarrh more speedily, but also by distention and fuller movements of the apices of the lungs by means of deeper inspirations, effect a dislodgment of the secretions. This view the author has found confirmed by his practice. He narrates two cases in which increased atmospheric pressure did good service. One case was that of a chronic catarrhal pneumonia in the process of extension; in the second the catarrhal process was, as to its most important features, extinguished, and there remained only the subsequent state of the apices of the lungs to be relieved. —*New York Medical Journal.*

Sulphite of Soda in Carbuncle.—Dr. S. J. Radcliffe *(Med. & Surg. Reporter)* says: "In a case of carbuncle that recently came under my observation, of enormous size, and fast undermining the constitution, after using the ordinary treatment, including the knife, with but indifferent results, resort was had to sulphite of soda, and the condition of the general and local symptoms was changed in a marked degree, almost from the commencement of its use, and the recovery was speedy and complete. No case have I ever treated with more satisfaction to myself or the patient. There is, I believe, much encouragement to be looked for in the treatment of all such diseases with these remedies, and I think good results may confidently be expected in their exhibition at all times.

From one to two drachms may be given daily.

In external exhibition, I use it in simple solution in water, or glycerine and water combined. In ulcerations of the mouth and throat, I directed a simple solution, as above, as a wash or gargle; and as a wash in syphilitic sychosis it acts with remarkable promptness.—*Georg. Med. Companion.*

Milk an Antidote to Poisoning by Nitrate of Silver. Mr. Ernest Hart, in a recent number of the *British Medical Journal*, relates that while house-surgeon at St. Mark's Hospital, a piece of nitrate of silver, with which he was painting the fauces of a child, broke, and the larger part of the caustic-stick was swallowed. He produced immediate vomiting by forcing his fingers on to the gullet, and having obtained a large supply of milk, pumped several pints into the child's stomach and out again. The child had dysenteric symptoms during the next three days and occasional vomiting, but was kept on milk diet, and recovered. Milk acts as an antidote to nitrate of silver in virtue of its large proportion of suspended albumen. Mr. Hart uses it in lieu of salt and water for neutralizing the excessive effects of even the mitigated caustic when employing it locally on the mucous membrane of the eyelids.—*Exchange.*

Chloral in Delirium Tremens.—In the *Centralblatt für die Med. Wissen.*, Dr. Curschmann relates some experiments in the treatment of delirium tremens by chloral-hydrate. There were twenty-four males thus treated, from the age of twenty-four to fifty. Two cases were complicated by pneumonia, four with surgical diseases, and the rest without complication. All were treated by chloral-hydrate in wine, and in two instances by subcutaneous injection, which is not to be recommended. Clysters cannot be used in D. T. The dose given was 3 to 4 grammes—one drachm at first, afterwards more. The smallest quantity which caused sleep was 5 grammes, but one patient had as much as 25 grammes in 22 hours. The remedy was more successful in beer-drinkers than in spirit-drinkers. The pulse and respirations frequently sank soon after the administration of the drug. The duration of the sleep was 8 to 21 hours, and the patients awoke cured. He considers that the cure by chloral is much more rapid in D. T. than when any other remedy is made use of.

Sir Thomas Watson is revising his Lectures on the Practice of Physic. It is stated by the *British Medical Journal* that the last pages are in the hands of the printer. —*Canada Medical Journal.*

Medical Miscellany.

An interesting case of syphilitic aphonia due to flat condylomata on the vocal cords is noticed in the reports of the *Spedale Civile de Venezia*. The manner in which they prevented the closure of the glottis was demonstrated by the laryngoscope.

Transfusion of Blood.—The *Gazz. Med. Ital. Delle. Provincie Venete* gives a case of a woman, 63 years old, dying of gastric hæmorrhage; in the last stage of weakness, pallid, glassy eyed and apathetic, and hardly noticing anything said to her in a loud voice. She was brought back to life by the injection of one and a half ounce of defibrinated blood taken from the arm of her son. In seven days, she was discharged from the hospital. The warming of the blood, or syringe, and preparation of the vein more than is necessary for bleeding, are said to be a useless precaution. Even the mixture of air with the blood is innocuous.

Tincture of Veratrum in Pneumonia in Children.—Dr. Jacobi, in a clinical lecture before the New York Medical Journal Association, says, "In acute pneumonia of a baby, I would give a drop of the tincture every hour; to a child four or five years old, perhaps two drops every hour. If the attendant is intelligent enough to count the pulse, I say bring down this pulse to one hundred and ten, or one hundred, but not lower; because when the pulse falls lower, the drug is apt to cause vomiting and temporary collapse. To obviate local irritation of the pharyngeal or gastric mucous membranes, I give the tincture in barley-water. This drug has no cumulative effect like that of digitalis. It will bear combination with quinine, and I think this an important point. I often combine quinine with veratrum or digitalis where I want to get, not a speedy, but a continued effect upon the pulse, especially in the pneumonia of a debilitated child, where you are in doubt about stimulating to any great extent; where you do not know whether you ought to commence with benzoic acid, camphor, &c., you will control the pulse better with quinine and veratrum than with the latter alone. I ought to add that, in most cases, it is advisable to combine opium or hyoscyamus with veratrum to obviate local gastric irritation."—*New York Med. Record.*

Quassia for Surgical Dressings.—"Flies cannot bear the smell of the wood, maggots are therefore entirely avoided," says Mr. C. C. Mitchinson, in the *Lancet*. The use of an infusion of quassia as a dressing for open wounds and ulcers in hot climates, and during the prevalence of hot weather, he recommends, and states that in the United States army, after one of the James river engagements, five hundred wounded men, under the care of a friend of his, were treated in the above manner.—*Cincinnati Lancet and Observer.*

Cundurango.—Prof. Charles A. Lee, M.D., says of this vaunted cancer cure:—"I have known it tried fairly, according to directions, in seven or eight cases of cancer without the slightest perceptible benefit in a single instance. Two of these were in the city of New York, the medicine being given under instructions from the Surgeon-General of the United States army, and the diagnosis was confirmed, by submitting specimens of the morbid products, procured after death, to microscopical and other tests. I am, therefore, forced to the conclusion that the *Cundurango possesses no value whatever as a remedial agent in the treatment of cancer*, but from its active properties it may do no small injury by disturbing the functions of the stomach and impairing nutrition.—*Med. and Surgical Reporter.*

Books Received.—A Text-book of Pathological Histology; an Introduction to the Study of Pathological Anatomy. By Dr. Edward Rindfleisch, o. ö. Professor of Pathological Anatomy in Bonn. Translated by William C. Kloman, M.D., and F. F. Miles, M.D., Professor of Anatomy, University of Maryland. With two hundred and eight Illustrations. Philadelphia: Lindsay & Blakiston. 1872. Pp. 695. (From James Campbell, Boston.)—Handbook of Skin Diseases. By Dr. Isidor Neumann, Docent an der k. k. Universität in Wien. Translated from the second German Edition, with Notes, by Lucius D. Bulkley, A.M., M.D., Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases, &c. New York: D. Appleton & Co. 1872. Pp. 467. (From James Campbell, Boston.)

Pamphlets Received.—Annual Report of the Washingtonian Home, Boston, for the year 1871. Pp. 28.—Condensed Annual Report of the Physicians of the Dispensary Department of the Roxbury Charitable Society, for the year ending Sept. 30, 1871.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Nov. 18, 1871.

Cities and Towns.	*No. of Deaths.*
Boston	101
Charlestown	5
Worcester	24
Lowell	19
Milford	1
Chelsea	2
Cambridge	5
Salem	9
Lawrence	7
Springfield	2
Lynn	9
Taunton	7
Newburyport	3
Somerville	3
Fall River	14
Haverhill	4
	215

Prevalent Diseases.	
Consumption	39
Croup and Diphtheria	18
Pneumonia	14
Typhoid fever	13
Scarlet fever	10

Salem reports one death from smallpox.

George Derry, M.D.,
Secretary of State Board of Health.

Deaths in Boston for the week ending Saturday, Nov. 18th, 101. Males, 48; females, 53. Accident, 4—anæmia, 1—inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 2—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 3—cancer, 4—cyanosis, 1—cholera infantum, 2—canker, 3—consumption, 18—convulsions, 3—croup, 2—debility, 1—diarrhœa, 1—dropsy, 1—dropsy of brain, 4—dysentery, 1—diphtheria, 2—drowned, 1—scarlet fever, 3—typhoid fever, 4—gastritis, 1—hernia, 1—disease of the heart, 8—hæmorrhage, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 1—disease of the liver, 3—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 3—old age, 3—privation, 1—rheumatism, 1—scalded, 1—teething, 1—unknown, 2.

Under 5 years of age, 52—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 15—above 60 years, 13. Born in the United States, 72—Ireland, 18—other places, 11.